

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000103866

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** MD MEDICAL SUPPLIERS, INC.

**Current Principal Place of Business:**

127 WEST FAIRBANKS  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

127 WEST FAIRBANKS  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, JUAN A  
127 WEST FAIRBANKS  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GONZALEZ, JUAN  
Address: 127 WEST FAIRBANKS #232  
City-St-Zip: WINTER PARK, FL 32789 US

Title: D  
Name: BORTOT DE GONZALEZ, CAROLINA  
Address: 127 WEST FAIRBANKS #232  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: RIVAS, RAFAEL  
Address: 127 WEST FAIRBANKS #232  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAGG

D

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date